NON-HOMELESS SPECIAL NEEDS

NON-HOMELESS SPECIAL NEEDS

Please also refer to the Non-Homeless Special Needs table on the following page.

1. Identify actions taken to address special needs of persons that are not homeless but require supportive housing, (including persons with HIV/AIDS and their families).

In order to address the special needs of persons who are not homeless but require supportive housing, the St. Louis EMSA has provided and will continue to provide funding for case management through use of HOPWA funds. This will ensure greater coordination of services and referrals to provide early intervention in preventing clients from becoming homeless. In addition, the St. Louis EMSA leverages funds from Ryan White grants to provide emergency shelter (60 days) in a boarding house for clients who are homeless.

CPMP Version 2.0

šΙ	Grantee Name: St. Louis City, Missouri	MISSOUR	_																_	
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Ž	Non-Homeless Special Needs Including HOPWA	увефа	Currently Avai	GAP	lsoa	Complete	Goal	Complete	lso2	Complete	G03l	Complete	l50Đ	Complete	lso2	leutoA	lso2	Ргіогіtу Meed: Н, М,	Fund Source: CDBG, HG	HOPWA, ESG, Other
	52. Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	%0	Σ	z	
	53. Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	%0	Σ	Z	
pəp	54. Persons w/ Severe Mental Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	%0	Σ	z	
	55. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	%0	Σ	z	
_	56. Physically Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	%0	Σ	z	
	57. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	%0	Σ	z	
	58. Persons w/ HIV/AIDS & their famil	0	0	0	335	0	335	0	0	0	0	0	0	0	670	0	%0	Σ	×	A,O
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SPECIFIC HOPWA OBJECTIVES

OVERALL ASSESSMENT OF HOPWA GOALS AND OBJECTIVES

- 1. Overall Assessment of Relationship of HOPWA Funds to Goals and Objectives
 Grantees should demonstrate through the CAPER and related IDIS reports the progress they
 are making at accomplishing identified goals and objectives with HOPWA funding. Grantees
 should demonstrate:
 - a) That progress is being made toward meeting the HOPWA goal for providing affordable housing using HOPWA funds and other resources for persons with HIV/AIDS and their families through a comprehensive community plan;

HOPWA funds expended totaled \$1,197,625. One million, one hundred and seventeen thousand, thirty-four dollars (\$1,117,034) of the HOPWA funds expended were to support tenant based rental assistance, short-term rent, mortgage and utility assistance, facility based housing. supportive services (case management) and housing information services throughout the St. Louis eligible metropolitan statistical area (EMSA), and \$80,591 was expended for administration. The EMSA consists of seven counties in Missouri (St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Washington, and Warren) and eight counties in Illinois (Clinton, Jersey, Madison, Monroe, Bond, Calhoun, Macoupin, and St. Clair). The \$1,117,034 figure includes a rollover of \$133,390 from HOPWA 2009 funds. Of the \$1,117,034 expended on the above services, 182 households received tenant based rental assistance (TBRA) with HOPWA funds during this operating year compared to the goal of 240; 206 households received short-term rent. mortgage and utility assistance (STRMU) which exceeds the goal of 45; 67 households received facility based (transitional/short-term) housing assistance which exceeds the goal of 50; 944 households received housing information services with HOPWA funds during this operating year which exceeds the goal of 600; and, 67 households received supportive housing (case management) services which exceeds the goal of 50.

b) That community-wide HIV/AIDS housing strategies are meeting HUD's national goal of increasing the availability of decent, safe, and affordable housing for low-income persons living with HIV/AIDS

The St. Louis EMSA HOPWA program is designed to provide decent, safe, and affordable housing for low-income persons living with HIV/AIDS and their families at varying stages of self sufficiency. The Department of Health recognizes the diverse housing assistance needs and mitigating factors that impede an individual's access to housing; which in turn may create a barrier to receiving medication and care. Through diversified subcontracts, the Department of Health has secured three project sponsors to provide short term rental assistance, long term rental assistance, facility based housing, case management, and housing information services.

Each program participant is assessed upon intake to determine his or her level of self sufficiency and the type of assistance most likely to stabilize his or her living arrangements. The effectiveness of this strategy is indicated by the following outputs:

2010 Unduplicated	Number of House	eholds Receivin	g HOPWA Assistance	e By Service Category

	STRMU	TBRA	TH	Support Services (Case Mgmt)	Housing information
Number	206	182	67	67	944

STRMU = Short Term Rent, Mortgage & Utility Assistance TBRA = Tenant Based Rental Assistance
TH = Transitional Housing

Beyond the number of unduplicated households served during Program Year 1 (PY1) are the outcomes that occurred as a result of said services. Three hundred sixty eight (368) clients accessed or maintained medical insurance/assistance. Three hundred thirty-one (331) clients successfully accessed or maintained qualification for sources of income. Four hundred forty-nine (449) clients had contact with a primary health care provider consistent with the schedule specified in the client's individual service plan.

The Department of Health continues to work with each project sponsor to formulate strategies in an effort to overcome service barriers resulting from legislative stipulations, decreased housing availability, and reductions in leveraged funds at the state and local level.

c) That community partnerships between State and local governments and community-based non-profits are creating models and innovative strategies to serve the housing and related supportive service needs of persons living with HIV/AIDS and their families;

Housing providers work closely with local and state governmental entities to ensure that information about the need for housing is included in their priorities.

Doorways:

Doorways works closely with each client's designated Ryan White Case Manager to coordinate the delivery of services and support linkage to other sources of services that will promote housing stability. In addition, the organization is an active participant in the homeless Continuum of Care group for both the City of St. Louis and St. Louis County, which enables Doorways to identify a broader expanse of housing and related resources available to the clients.

In addition, Doorways works directly with the city and county Continuum of Care (CoC) groups to identify housing resources for the clients through non-HOPWA programs. CoC meetings attended monthly include providers from homeless shelters, food pantries, and employment programs. Finally, the Own Home Program Manager collaborates routinely with Urban League and United Way staff to facilitate the spread of information about services, seminars and opportunities to case managers who work directly with the clients.

Doorways utilize a broad range of federally-funded housing programs to meet the diverse housing needs of people living with HIV/AIDS. These include the Section 811 program for persons with disabilities, the Permanent Supportive Housing Program for the disabled homeless, and HOPWA. The organization also distributes housing funds made available through the Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A. Support through these venues has enabled Doorways to successfully leverage millions of dollars in housing assistance from the Missouri Housing Development Commission, the City of St. Louis Affordable Housing Commission and a number of private philanthropic funds

Peter and Paul Community Services:

Peter and Paul Community Services' Positive Directions Program provides housing and community-based supportive services to more than 80 homeless men and women annually who live with HIV/AIDS, mental illness and/or substance abuse issues. The Missouri Housing Development Commission funded rent and utility assistance. The Lutheran Foundation, the Missouri Division of Economic Development (Neighborhood Assistance Program), Covidien Healthcare, the MAC AIDS Foundation and other smaller foundations funded supportive services for residents and alumni of Positive Directions housing.

Other agencies/persons providing services to Positive Directions residents included Community Alternatives, Places for People, Independence Center, Food Outreach, New Hope Clinic, Doorways, Saint Louis Effort for AIDS, BJC Behavioral Health, Washington University Infectious Disease Clinic, Project ARK, The SPOT, Growing American Youth, Health and Education for Youth, St. Patrick Center, Vocational Rehabilitation, St. Louis HELP, BASIC Drug and Alcohol Treatment Center, Southeast Missouri Community Treatment Program, Preferred Family Healthcare, Joyce Meyer Ministries, Dr. Darren Wethers, Southampton Healthcare, Dr. David Parks, Dr. Denzel Jines, Dr. Timothy Case, Probation and Parole, Rabbi Lynn Goldstein, Father Otto Schneebec, Father Richard Vogt, Sr. Marge O'Gorman, Life Skills Specialist Eileen Wolfington, and a variety of specialty healthcare providers (dialysis, physical therapy, chemotherapy, podiatry, gastroenterology, neurology and podiatry). Representatives from 10 community agencies were recruited to provide educational seminars to clients during the weekly Community Resources group.

Bethany Place:

Bethany Place has long partnered with St. Clair County HIV Consortia, which includes St. Clair County Health Department, Southern Illinois Healthcare Foundation, Madison County AIDS Program, and Eastside Health District. Bethany Place has also enjoyed a steadfast partnership with St. Elizabeth's Hospital since the inception of Bethany Place. Furthermore, Bethany Place is partnered with Southern Illinois Health Foundation in a Center for Disease Control prevention/education grant and works closely with Gateway Foundation, Eagles Nest, St. Clair County Intergovernmental Grants, Housing Counseling & Assistance Center, Homeless Shelter Grant Department, and Southern Illinois University Edwardsville. Bethany Place also refers clients to the Illinois Office of Rehabilitation Services, the Illinois Department of Human Services (Public Aid), Community Mental Health Center, and the Social Security Administration. In addition Bethany Place has been a long-time member SWIHAG (Southwestern Illinois HIV Advisory Group). We participate in the Regional Implementation Group (RIG) which is an

informational meeting facilitated by Illinois Public Health Association that informs prevention providers with up to date information and epidemiological data.

In 2007 Bethany Place received the Illinois Statewide Housing Program (ISHoP) grant through Doorways in St. Louis and was able to expand the Rental Assistance Program. The Rental Assistance Coordinator is able to assist clients with Short Term Rent, Mortgage, and Utilities, Long Term Rent, Deposits, One Time Hookup Fee, Housing Information, and Transportation costs. If Bethany Place's Rental Assistance has no openings then clients are referred to St. Clair County Health Department as well as to Doorways in St. Louis, Missouri, for assistance.

In order to keep up with the need for rental assistance, in 2008 Bethany Place applied for and received the JumpStart grant through the Department of Housing and Urban Development to serve four more families a year with permanent housing. Then, in 2010, Bethany Place applied for another grant and was awarded funding for a new Rental Assistance program through the Department of Housing and Urban Development. The grant begins January 2011, and Bethany Place will assist nine more clients with permanent housing. Bethany Place is excited about the chance to assist more HIV+ clients end homelessness throughout the St. Clair County region.

d) That through community-wide strategies Federal, State, local, and other resources are matched with HOPWA funding to create comprehensive housing strategies;

Housing providers seek grants and match funding and leveraged funds from federal state and local sources as part of a comprehensive strategy to provide additional housing resources for persons living with HIV/AIDS. In 2010 the providers received program income, grants, matching funds and leveraged funds totaling \$1,142,918 to provide housing assistance and supportive services and other non-direct housing costs.

e) That community strategies produce and support actual units of housing for persons living with HIV/AIDS; and finally,

With the HOPWA funds received, the St. Louis EMSA sponsors both a 20 person facility-based program at Peter and Paul Community Services and as a five person facility-based program at Bethany Place.

f) That community strategies identify and supply related supportive services in conjunction with housing to ensure the needs of persons living with HIV/AIDS and their families are met.

HOPWA funds are used to provide both case management and housing information services in the St. Louis EMSA. These funds are important in helping identify affordable housing resources, counseling clients on budget management and personal responsibility and helping establish effective housing plans to move clients towards greater self-sufficiency.

EXECUTIVE SUMMARY

- 2. This should be accomplished by providing an executive summary (1-5 pages) that includes:
 - a. Grantee Narrative
 - i. Grantee and Community Overview
 - (1) A brief description of your organization, the area of service, the name of each project sponsor and a broad overview of the range/type of housing activities and related services

The City of St. Louis is the recipient of Housing Opportunities for Persons Living with AIDS (HOPWA) funds for the St. Louis eligible metropolitan statistical area (EMSA). Formula funds are awarded to the Community Development Administration within the City of St. Louis and administered by the Grants Administration section within the Department of Health. The St. Louis EMSA is a bi-jurisdictional region that straddles Missouri and Illinois. The EMSA consists of seven counties in Missouri (St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Washington, and Warren) and eight counties in Illinois (Clinton, Jersey, Madison, Monroe, Bond, Calhoun, Macoupin, and St. Clair).

During Program Year 1, the St. Louis eligible metropolitan statistical area (EMSA) contracted with three project sponsors to provide a variety of housing services including facility-based housing, short-term rental, mortgage and utilities assistance (STRMU), tenant based rental assistance, housing information, and case management. The three project sponsors and a description of the range of their respective services are as follows:

Project Sponsor: Interfaith Residence dba Doorways

- Zip Codes for Primary Areas of planned activities: 63101-63128, 62001-62208, 62220-62226, 62231-62236, and 62269
- Amounts Committed to that Sponsor: \$1,065,692 in CY2010
- Categories Funded: TBRA, STRMU, Supportive Services (Case Management), Housing Information
- Faith-Based and/or Grassroots Organization: N/A
- Services Offered (HOPWA and Non-HOPWA): Founded in 1988, Doorways is the primary provider of housing services to low-income people living with HIV disease in the St. Louis Metropolitan region. The organization's programs are directly available to clients in seven different counties in Missouri and another eight in Illinois, covering the entire regional EMSA. Through its Outstate component, Doorways serves as fiscal agent and provides technical support to local housing providers who serve people living with HIV/AIDS in 62 other Missouri counties and another 55 counties in central and southern Illinois.

Over its 22-year history, Doorways has developed a comprehensive array of housing solutions designed to meet the varied needs of people living with HIV/AIDS. To accomplish this, the organization has utilized a broad range of federally-funded housing programs, including the Section 811 program for persons with disabilities, the Permanent Supportive Housing Program for the disabled homeless, and programs based largely on the provision of scattered-site assistance as available through the Housing Opportunities for People with AIDS (HOPWA) program and Ryan White

Treatment Modernization Act. In the process, Doorways has successfully leveraged millions of dollars in housing assistance from state and local housing organizations and private philanthropic funds.

At the present time, Doorways serves almost 600 adults and over 300 children monthly over the 15-county EMSA through three core programs that include:

- 1) The Own Home Program helps individuals and families living with HIV/AIDS find and maintain affordable housing without threat of homelessness or interruption to essential utilities. The program provides nearly \$2 million per year in rent, mortgage, utility, and move-in subsidies for people who are homeless or would otherwise become homeless. Payments are made directly to property owners and utility companies. In addition, Doorways Case Managers inspect units for safety and suitability, maintain lists of approved and affordable units, work with clients to develop stable housing plans, help clients with budgeting and habits of good tenancy and advocate for clients with landlords and utility companies. Program operations are supervised by Brenda Malone, Own Home Program Manager, who is the primary contact for the HOPWA-funded program.
- 2) The Residential Program operates seven apartment buildings in St. Louis City with a combined 103 units, managed by Doorways for people living with HIV/AIDS. The Residential Program is designed for individuals and families who are capable of independent living but whose financial and health issues limit their ability to pay fair market rent. Most residents have household incomes at or below 20% of the area median income and pay no more than 30% of their income for rent and utilities. In addition to these Doorways-owned units, the Residential Program also includes Jumpstart, an 18-unit scattered-site permanent supportive housing program for single, disabled parents with HIV/AIDS.

Doorways' family residential complex offers 29 lead-free units specifically designed to meet the needs of families affected by HIV/AIDS. Two buildings, *Mama Nyumba* (Swahili for "my mother's house) and *Kaya Malaika* (Swahili for "village of little angels") provide safe, affordable housing for low-income families who would otherwise be inadequately housed or homeless. The complex is the only facility of its kind in Missouri and one of the few in the nation. Doorways' latest 811 building, Partridge Place, is located in Walnut Park, an area of the city with a rate of HIV infection that is more than twice the rate for the city as a whole. In addition to serving this underserved population, Partridge Place, like all of Doorways' buildings, contributes to neighborhood plans for revitalization and growth.

3) <u>Doorways Supportive Housing Facility</u> (DSHF) provides housing for people with AIDS who cannot live without assistance and who would otherwise be homeless or unnecessarily hospitalized. Located in the Central West End, the fully accessible three-story building offers 36 private rooms with baths, 24-hour supervision and nursing care, a dining room, commercial kitchen, numerous social and recreational areas, and administrative offices. DSHF is licensed by the State

of Missouri as a residential care facility and is also licensed by the State Department of Mental Health.

Among DSHF staff are registered nurses who work with physicians to establish treatment plans, oversee complicated medical protocols, monitor dementia and other neural disorders, and perform clinical assessments, blood transfusions, IV infusion therapies, laboratory and Pentadimine treatments. Social services are available through two full time Social Workers. In addition, a full-time activities/volunteer coordinator organizes internal programs, external field trips, and pastoral care. Transportation to physicians is available, and clients have access to a nutritionally sound meals program on site.

Project Sponsor: Peter and Paul Community Services

- Zip Codes for Primary Areas of planned activities: 63104
- Amounts Committed to that Sponsor: \$220,000 (CY2010)
- Categories Funded: Facility-Based Housing, Supportive Services (Case Management)
- Faith-Based and/or Grassroots Organization: N/A
- Services Offered (HOPWA and Non-HOPWA): Peter and Paul Community Services is an agency committed to providing housing and supportive services to persons who are homeless, especially those living with mental illness and HIV/AIDS. This agency utilizes HOPWA facility-based operation funds to support transitional housing activities within the agency. The Positive Directions transitional housing program is a 20-bed program that provides up to two years of transitional housing and a savings program assisting HIV-infected homeless individuals in setting goals, learning living skills and establishing a regular income and savings plan, with the goal of moving into independent living. These services are particularly targeted to individuals with multiple diagnoses of mental illness and/or substance abuse along with HIV infection. The goal of Positive Directions is to promote the improved physical and mental health of clients, help clients secure and sustain permanent, independent housing, and to avoid both a need for return to the streets or rehospitalization.

Project Sponsor: Bethany Place

- **Zip Codes for Primary Areas of planned activities:** 62201-62208, 62220-62226, 62232-62236, 62269
- Amounts Committed to that Sponsor: \$35,114 in CY2010
- Categories Funded: Facility-Based Housing, Supportive Services (Case Management)
- Faith-Based and/or Grassroots Organization: N/A
- Services Offered (HOPWA and Non-HOPWA): Bethany Place is the largest AIDS Service Organization (ASO) south of Chicago in Illinois. Bethany Place provides comprehensive case management and programming focused on promoting wellness and serving all people living with HIV/AIDS. Bethany Place remains steadfast in sending a strong message of prevention to the community through its education, outreach, and syringe exchange programs. With an emphasis on wellness, the professional staff continually strives to provide for all clients and those affected by HIV/AIDS, the support that they need to maintain the highest possible quality of life.

Founded in 1988, Bethany Place was originally designed as an outpatient hospice service and healing organization of Belleville's St. Elizabeth's Hospital. Bethany Place was incorporated as an independent nonprofit organization 501(c)(3) in 1992. Since 2007 Bethany Place has received eight new grants to expand much needed services to our HIV community. Bethany Place provides comprehensive case management, transitional housing, rental assistance, HIV testing, prevention services as well as an emergency food pantry to serve all people living with HIV in the area.

Bethany Place embraces five programs which ensure the mission is achieved and the needs of the community are met:

- Medical Case Management
- Prevention/Education Outreach
- Transitional Housing
- Rental Subsidy
- Volunteer Services

All Bethany Place Programs are housed in a renovated Quonset hut where Bethany Place provides numerous services on site and under one roof, as stated above, and the Bethany Place staff offer the assistance and referrals for individuals seeking dental, emergency utility assistance, home healthcare, housing, medical services, legal services, mental health, nutrition, pharmacy, rehabilitative services, transportation, and treatment adherence assistance.

(2) How grant management oversight of project sponsor activities is conducted and how project sponsors are selected

City of St. Louis ordinances require that contracts for professional services in the amount of \$5,000 or more be reviewed and approved through a competitive bidding process. In accordance with this City ordinance, HOPWA project sponsors are selected through a competitive bidding process that includes submission of an application packet in response to the City's request for proposals. Once applications are received, they are reviewed by 1) an external review panel (when implemented); 2) Grants Administration (GA) personnel; and 3) the City of St. Louis' Professional Services Agreement (PSA) Committee. Past performance information is also forwarded to the PSA Committee by the Grants Administration Section. The PSA Committee makes the final determination on who is awarded the contract(s).

HOPWA program sponsors are required to submit monthly invoices for allowable services. GA personnel review all subcontractor invoices before submission to the fiscal department. Final approval of payments occurs in the Federal Grants Section of the City Comptroller's office. Grants Administration personnel conduct regular programmatic monitoring activities which include, but are not limited to: 1) submission of quarterly and end-of-year Performance Measures reports, Budget Expenditure Reports, and Program Narrative Reports (as well as other necessary surveys and/or data requests from GA, as needed); 2) comprehensive programmatic and fiscal site visits occurring at least once each year; 3) client satisfaction surveys; 4) and, periodic program review briefings with Grants Administration staff. Finally, the Grants Administration Office has developed and implemented a Contract Compliance Policy that is included as an attachment in each executed subcontract for HOPWA services. The Contract

Compliance Policy outlines the process for monitoring adherence to the terms and deliverables for services, and includes a provision for assessment of penalties due to non-compliance.

(3) A description of the local jurisdiction, its need, and the estimated number of persons living with HIV/AIDS

The St. Louis Eligible Metropolitan Statistical Area (EMSA) is a complex bi-state region of urban, suburban and rural communities, encompassing six counties and the independent City of St. Louis in Missouri and eight counties in Illinois. The EMSA has an estimated population of 2.8 million people spread across 6,300 square miles that includes sparsely populated counties like Jersey (Illinois) with 20,000 residents and densely populated St. Louis County (Missouri) with nearly one million residents. Residents in the Missouri counties encompass over 74% of the EMSA's total population, with more than half of these living in St. Louis City and St. Louis County. The majority (85%) of people living with HIV disease (PLWH/A) reside in the Missouri counties. The general population and PLWH/A are diverse with regards to race, education, and level of poverty. This diversity, combined with the geographic and cultural complexity of the EMSA, makes coordinating services and keeping clients engaged in care challenging.

Epidemiological data were obtained from the electronic HIV/AIDS Reporting Systems (eHARS) through the Missouri Department of Health and Senior Services (MDHSS) and Illinois Department of Public Health (IDPH).

As of December 31, 2009, HIV disease in the St. Louis EMSA totaled 6,346 known cases. Given estimates from the Centers for Disease Control and Prevention (CDC) that up to 27% of HIV cases are undiagnosed, the St. Louis EMSA may have an additional 1,713 PLWH/A that have not been diagnosed, meaning many more people may yet be entering the system. Table 1.1 displays current HIV Disease cases and rates across all counties that comprise the St. Louis EMSA.

Table 1-1:	HIV Disease in the St. I	ouis Transitional Gran	t Area, 2009
		souri	
County	Overall Population	Total Living Cases of HIV Disease as of 12/31/2009	HIV Disease Rate per 100,000 persons
Warren	31,214	12	38.4
Lincoln	52,775	22	41.7
Franklin	100,898	54	53.5
Jefferson	217,679	114	52.4
St. Charles	349,407	190	54.4
St. Louis City	354,361	3281	925.9
St. Louis County	991,830	1715	172.9
	Illin	nois	
Jersey	22,622	11	48.6
Monroe	32,804	15	45.7
Clinton	36,711	86	234.3
Madison	268,078	243	90.6
St. Clair	262,291	580	221.1
Macoupin	48,138	13	2.0
Calhoun	5,101	0	0
Bond	18,253	10	0

HIV disease rates in the TGA continue to be consistently high among men (82%) and African Americans. African Americans are disproportionately affected by HIV in the TGA, as they represent only 19% of the TGA's population but 53% of PLWH/A. This disparity is even more striking among women. Of the 1,150 women in the TGA with HIV/AIDS approximately three-fourths (73%) are African American (72% in Illinois and 73% in Missouri), compared to the national rate of 64% (CDC HIV/AIDS Surveillance Report Vol. 20, 2008). Similar to national trends, men who have sex with men (MSM) is the most frequently reported exposure category (58%) followed by persons reporting exposure via heterosexual sex (15%).

(4) A brief description of the planning and public consultations involved in the use of HOPWA funds including reference to any appropriate planning document or advisory body

During PY1, no planning or public consultations were involved in the use of HOPWA funds. The St. Louis HIV Services Planning Council in conjunction with the Grants Administration Section of the City of St. Louis Department of Health conducted a client satisfaction survey in 2010 that surveyed clients needs for both short term and long term housing assistance. Additionally, the Planning Council held a Town Hall meeting on housing and transportation needs in the area served by Ryan White Part A (includes all of the HOPWA EMSA with the exception of Macoupin, Bond, and Calhoun counties in IL).

(5) What other resources were used in conjunction with HOPWA funded activities, including cash resources and in-kind contributions, such as the value of services or materials provided by volunteers or by other individuals or organizations

The three project sponsors leveraged \$1,142,918 from a variety of government funding, foundations, and other private resources in 2010. These resources are identified in Part 2: Sources of Leveraging of the HOPWA CAPER.

(6) Collaborative efforts with related programs including coordination and planning with clients, advocates, Ryan White CARE Act planning bodies, AIDS Drug Assistance Programs, homeless assistance programs, or other efforts that assist persons living with HIV/AIDS and their families.

The St. Louis HOPWA program administrator and its project sponsors are key participants in the local Ryan White jurisdiction. Ryan White Part A resources have been utilized to provide short-term rent assistance to help clients gain or maintain housing stability; emergency housing assistance up to 60 days for clients who need temporary housing to prevent homelessness or during transitional periods between permanent housing; and, utility assistance for clients with disconnection notices. In 2010, only short term rental assistance and emergency housing funds were allocated by the HIV Services Planning Council. Emergency Financial Assistance was not funded due to other funding priorities.

Ryan White resources are critical to the housing services delivery system as they act as a "bridge" to stable housing and are immediately available to combat homelessness. Ryan White medical case managers serve as key partners in helping to coordinate the delivery of services and supporting linkages to other services that help promote housing stability. Through the centralized case management system, HOPWA clients have access to the AIDS Drug Assistance Program (ADAP) program and other social and support services available to enable increase health outcomes and quality of life.

ii. Project Accomplishment Overview

(1) A brief summary of all housing activities broken down by three types: emergency or short-term rent, mortgage or utility payments to prevent homelessness; rental assistance; facility based housing, including development cost, operating cost for those facilities and community residences

The St. Louis EMSA HOPWA program, through its three project sponsors, provided: short term rental assistance, long term rental assistance (TBRA), facility based housing, case management and housing information services in PY1. There were no new developments.

As displayed in the table below, the St. Louis EMSA HOPWA program exceeded PY1 STRMU and TH goals, while adherence to HUD regulations created an unforeseen barrier to providing the projected level of TBRA assistance.

Program Year 1 Targets/Actual

	STRMU	TBRA	Facility Based TH	Housing Information	Support Services (case management)
Target	45	240	50	600	50
Actual	206	182	67	944	67
STRM	U = Short Term Assist	ance TBRA = Lo	ng Term Assis	stance TH = Trans	sitional Housing

The Department of Health projected to provide Tenant Based Rental Assistance for 240 clients in FY 2010. The number was based on prior years' performance and demonstrated need without consideration for many of the changes that occurred in FY 2008 following HUD's monitoring visit and Technical Assistance. As a result of changes made, the St. Louis EMSA experienced a decreased capacity to provide Tenant Based Rental Assistance – supported by the decreased number of clients served as displayed in the chart above – despite the fact that the subcontractor maintains a waiting list for Tenant Based Rental Assistance.

(2) The number of units of housing which have been created through acquisition, rehabilitation, or new construction since 1993 with any HOPWA funds.

Not applicable.

(3) A brief description of any unique supportive service or other service delivery models or efforts

As explained above, Ryan White medical case managers are key partners in the delivery of HOPWA services; coordinating the delivery of housing services and supporting linkage to other services such as primary care and medications that promote housing stability.

(4) Any other accomplishments recognized in your community due to the use of HOPWA funds, including any projects in developmental stages that are not operational.

Due to relatively flat funding in HOPWA over the last few years, the EMSA has focused on continuing its efforts in facility based, tenant-based rental assistance, short term mortgage, rent and utilities assistance, case management, and housing information services, There have been no new projects resulting from HOPWA funds.

iii. Barriers or Trends Overview

(1) Describe any barriers encountered, actions in response to barriers, and recommendations for program improvement

The HOPWA Project Sponsors have identified several barriers in PY1. Among these barriers were affects of HOPWA regulations on the number of affordable housing units available as well as overall housing availability to meet the demands. These barriers are further discussed in the HOPWA CAPER Section C. A key component of addressing the barriers is the continual implementation of a waiting list based on first-come, first-served basis for both TBRA and as necessary, facility based housing at Bethany Place.

(2) Trends you expect your community to face in meeting the needs of persons with HIV/AIDS, and

Some of the trends facing the St. Louis EMSA continue to be those of reduced funding for homeless services, lack of availability of affordable housing units, and specialized housing support services for people living with HIV/AIDS.

As has been established for some time, the amount of funding available to support housing services in this EMSA is not sufficient to ensure housing stability among a known group of existing clients, much less to meet the estimated need in this service region. As is true around the country, the population of those affected by HIV/AIDS today is poorer, less educated, and more vulnerable to a host of co-occurring disorders and social ills, and the percentage of people living with HIV/AIDS who are in need of on-going rental assistance and support in order to achieve housing stability and improved access to care continues to grow. Moving forward, and in an economic climate in which income and employment gains among the poor are expected to retreat, all efforts should be made to increase the level of funding provided for housing services to this target population. Recent research findings confirm a structural link between stable housing, health outcomes, and healthcare costs among people living with HIV/AIDS, and the dedication of public resources should be informed by those findings.

The Department of Health continues to work with collaborative partners in identifying other housing sources and leveraging funds to meet identified housing support service needs. Pending the identification of additional resources, the Department of Health has implemented a housing wait list to address the shortfall in available funds to meet the growing demand for services.

The St. Louis EMSA HOPWA program continues with its efforts to provide parity of services across jurisdictional boundaries. This movement has not, historically, met with much success. However, utilizing a single provider for tenant-based rental assistance as well as emergency and short-term rental, mortgage, and utility assistance ensures equal access to services, equitable distribution of resources, and the opportunity to leverage resources available in the Missouri portion of the EMSA that are not available in the Illinois portion of the EMSA.

(3) Any other information you feel may be important as you look at providing services to persons with HIV/AIDS in the next 5-10 years

With rising healthcare costs and the current economic climate, the demand for housing for persons living with HIV/AIDS remains high. HOPWA is an important resource for continuing to provide decent, stable housing opportunities for PLWH/A. Other funding that has partnered with HOPWA in this region, such as Ryan White, has had to focus more of its resources on its core purpose (medical care), which creates even greater need for HOPWA resources to increase to meet the housing needs of the St. Louis EMSA.

b. Accomplishment Data

- i. Completion of CAPER Performance Chart 1 of Actual Performance in the provision of housing (Table II-1 to be submitted with CAPER).
- ii. Completion of CAPER Performance Chart 2 of Comparison to Planned Housing Actions (Table II-2 to be submitted with CAPER).

HOPWA Performance Chart 1 and HOPWA Performance Chart 2 also appear on the next pages.

CPMP Version 2.0

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Tenant-based Rental Assistance	1329	768	561	240	182	0	000,000	545,587	0	163 0	0	745	-	0
Short-term Rent, Mortgage and Utility payments	619	371	248	45	206 2	210 27	75 55,000	-	300,000	<u> </u>	ــــ	ļ	-	0
Facility-based Programs	57	8	49	20	67	0	0 105,615	116,924	0	20	┺	105	-	- C
Units in facilities supported with operating costs	0	0	0	0	0	0	0	0	0		_		-	0
Units in facilities developed with capital funds and placed in service during the program year	0	0	0	0	0	0	0	0	0		_		0	-
Units in facilities being developed with capital funding but not yet opened (show units of housing planned)	95	0	56	0	0	0	0	0	0				0	0
Stewardship (developed with HOPWA but no current operation or other costs) Units of housing subject to three-or ten-year use agreements	0	0	0	0	0	0	0	0	0		<u> </u>		-	-
Adjustment for duplication of households (i.e., moving between types of housing)				0	0	0				┸			,	.
Subtotal unduplicated number of households/units of housing assisted	2061	1147	914	335	-	210 27	75 850 615	79/ 715	000	1 -		1 8	†	Τ,
Supportive Services						a series	7000	104/170	300,000	2/2		937,621	5	ग
Supportive Services in conjunction with housing activities (for households above in HOPWA or leveraged other units)	36	0	36	50	67	0	0 132,903	188,565	0	50 0	O O	133,217	0	0
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Housing Information Services	0	0	0	6009	944	0	0 147,549	143,754	0	1	0	163,488	0	0
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Resource Identification to establish, coordinate and develop housing assistance resources					-	-		C	C			· ·	,	7,
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				Nimber of	What happened to the	What happened to the Households that left the project?	the projec	.5	Hous	Housing Stability	
Type of Housing Assistance	Total Number of Households Receiving Assistance	Average Length of Stay [in weeks]	Number of Households Remaining in Project at the End of the Program Year	Households that left the Project		PY1 PY2 PY3	*p\q	Cumulative	Stable	Unstable	Percent Stable / Total
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					Private Hsg	28		28	PY2	PY2	
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	CPMP Version 1.3 Grantee Name: City of St. Louis													
Pro	Project Name: HOPWA - Short-term Rent, Mortgage and Utility Assistance (STRMU)													
	Description: IDIS Project #: 0030/xx-HOPWA-01 UOG Code: MO294626 ST LOUIS													
	Client-based housing assistance for short-term rent, mortgage and utility assistance. Funding from other sources provides utility assistance to prevent disconnection and short-term rental assistance.													
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	Grantee Name: City of St. Louis																
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_	Project Name: HOPWA - Facility Based Housing Assistance																
De	Description: IDIS Project #: 0032/xx-HOPWA-02 UOG Code: MO294626 ST LOUIS																
Dit	Direction and oversight of the housing and related supportive services for HIV+/AIDS clients participating in existing																
HI	HIV+/AIDS facilities/programs to ensure that in addition to meeting clients' needs for a stable and safe living																
en	environment, clients' medicai, psychosocial and social support needs are documented and supported.																
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					- No. of persons with HIV/AIDS												
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	CPMP Version 1.3 Grantee Name: City of St. Louis																	
$\overline{}$	Project Name: HOPWA - Housing Information Services Description: IDIS Project #: 0033/xx-HOPWA-03 UOG Code: MO294626 ST LOUIS																	
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_	Project Name: HOPWA - Supportive Services (Case Management) Description: IDIS Project #: 0075/xx-HOPWA-05 UOG Code: MO294626 ST LOUIS																
1	cript													ST LOU			
	Provision of case management of clients living with HIV/AIDS at residential care facilities to locate housing, assess/evaluate need for care and support services, link to services and conduct ongoing contacts to ensure HIV+ individuals support																
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MONITORING

Fiscal Monitoring:

The Department of Health retains the services of the Internal Audit Section of the City of St. Louis Comptroller's Office to perform fiscal monitoring of subcontracts issued by the Department of Health. During the monitoring process, auditors (using OMB Circular A-133 as a guide) test up to three months of fiscal reporting and examine fiscal records, time logs, payroll records, acquisition and purchasing, accounting practices, and allowable costs. Fiscal monitoring visits occur once during each contract year for each subcontractor. Irregularities are reported in writing, along with recommendations for correction, to the Department of Health. Corrective recommendations from the audit team are always adopted by the Department of Health, and meetings with the subcontractor take place to develop plans for correcting the irregularities. In extreme cases, this could result in a subcontractor required to return funds to the Department of Health or the termination of a contract.

The Department of Health requires annual A-133 Audits or its equivalent from all subcontractors receiving over \$500,000 in federal funds. The Grants Administrator retains copies of A-133 Audit summary reports. The Internal Audit Section of the City of St. Louis Comptroller's Office and the Department of Health review the audits. The most recent audits from all subcontractors must be reviewed by the Department of Health's fiscal section before any agency receives a Department of Health contract. All contractors (100%) comply with audit requirements in OMB Circular A-133.

Program Monitoring:

In addition to fiscal monitoring performed by the City Comptroller's Office, the Contract Compliance Officer (CCO) conducts monitoring site visits for each subcontractor during the contract year to review program deliverables, instruct providers on reporting requirements, assess training and technical assistance needs, and make recommendations for programmatic improvement. A Contract Compliance Policy is included as an attachment in each contract. When an issue is identified, the Grants Administrator negotiates a corrective action plan with the contractor. A written action plan may be required. Unresolved issues are addressed by the Grants Administrator, Bureau Chief and ultimately the Commissioner of Health, as needed. Subcontractors are notified that failure to correct compliance issues will result in a funding reduction of 1% from the administrative line item for each unresolved occurrence. Recurring compliance issues may result in a termination of the subcontract.

The CCO also performs desk audits on the monthly provider invoices to monitor deliverables set within the contract and scope of work.

The Department of Health utilizes a programmatic monitoring tool for each service category and provider. The tool describes the purpose of the monitoring visits and data elements to be monitored and includes a checklist of relevant contract responsibilities and deliverables. Key areas of the site visit include program-wide elements, audit management, financial management and documentation, procurement of property and equipment, personnel policies and procedures, client chart review, program highlights and challenges, progress towards meeting deliverables, and suggestions for program improvement. The monitoring tool also includes an evaluation

instrument that provides a score for each site monitoring visit. Site visit results are reported to the provider. Providers are required to respond to findings within 30 business days and submit a time-phased corrective action plan.

SELF EVALUATION

3. Self Evaluation

- a. Describe the effect programs have in solving neighborhood and community problems.
- b. Describe progress in meting priority needs and specific objectives and help make community's vision of the future a reality.
- c. Describe how you provided decent housing and a suitable living environment and expanded economic opportunity principally for low and moderate income persons.
- d. Indicate any activities falling behind schedule.
- e. Describe how activities and strategies made an impact on identified needs.
- f. Identify indicators that would best describe the results.
- g. Identify barriers that had a negative impact on fulfilling the strategies and overall vision.
- h. Identify whether major goals are on target and discuss reasons for those that are not on target.
- i. Identify any adjustments or improvements to strategies and activities that might meet your needs more effectively.

Activities conducted by HOPWA St. Louis Eligible Metropolitan Statistical Area (EMSA) project sponsors continue to be a part of the solution for complex neighborhood and community problems. In the St Louis metropolitan area there are a growing population of people living with HIV disease and reduced availability of affordable housing. The program activities supported by HOPWA funds are used to provide housing services for the poorest and sickest citizens who would otherwise be homeless. As part of the entire continuum of HIV care, clients are offered an array of social and support services designed to improve health outcomes, maintain stability and overall quality of life. Together these services provide the necessary foundation for appropriate medical care and treatment, proper nutrition, hygiene and emotional stability that are necessary to maintain good health. The ultimate goal of services for clients who demonstrate improvement is to attain self-sufficiency and reduce reliance upon HOPWA housing services.

The St. Louis EMSA furthers HUD's national HOPWA program objective to provide decent, safe, and affordable housing for low-income people living with HIV/AIDS (PLWH/A) as the primary goal for local efforts. The specific HIV/AIDS performance goals indicative of the achievement of the aforementioned overarching program goal for the St Louis EMSA HOPWA program and progress towards accomplishment of said objectives are as follows:

Proportional allocation of HOPWA funds across the EMSA: The Department of Health continues to work with project sponsors to ensure that the proportion of funds expended is representative of the burden of HIV disease in each of the counties served. The Department of

Health allocates funds proportional to the demand present in both the Missouri and Illinois portions of the EMSA.

Continue to support the operations of housing facilities: The Department of Health continues to provide support for facility-based operations throughout the EMSA. Currently, funding is provided to support two project sponsors in the MO and IL counties of the EMSA with operating facilities cost support. Project sponsors provided facility based transitional housing and supportive services for 67 unduplicated PLWH/A.

The DOH has several policies and mechanisms in place to ensure that each project sponsor administers housing assistance in a manner that promotes and provides decent, safe, and affordable living arrangements and expands economic opportunities for low income PLWH/A.

Each unit in the St. Louis EMSA subsidized with HOPWA assistance must pass a housing quality inspection to ensure the living quarters are safe, sanitary, and in compliance with local and state housing codes. Housing quality inspections take place before assistance is granted and at least annually for recipients of long-term housing assistance.

In addition to the housing quality inspection, project sponsors must also collect documentation of financial information from program participants to ensure eligibility as well as assist them in the development of short-term and long-term financial goals. Program participant financial information is used to calculate the amount and duration of rental assistance necessary to achieve self sufficiency. The information collected is also used by Housing Managers to assist clients in developing long and short-term financial goals that ultimately broaden the economic opportunities available to them.

The Department of Health does not have any activities behind schedule.

The St. Louis EMSA HOPWA program served a total of 449 unduplicated households with housing assistance during Program Year 1 (PY1). In addition, 67 households were provided with supportive housing (case management) services in conjunction with housing activities and 944 households received housing information services. The total for households receiving supportive housing (case management) services is a combination of two agencies providing the service.

Doorways long-term rental assistance clients remain stably housed. In addition, Doorways has taken 25 clients off the waiting list into the long-term program. More detailed outcomes data will be available after evaluation of our annual client surveys and collection of follow-up data.

Of the 54 clients served by Peter and Paul, Positive Directions in PY1, 89% were housed at the end of the year (61% were in permanent housing, 28% remained in transitional housing at Positive Directions). [Note: the 61% reflects both the 28 clients who moved directly from Positive Directions to permanent housing and the 5 clients Positive Directions assisted into housing after a stay in treatment or emergency housing.] One hundred percent (100%) of clients had received individual assistance to enroll in all applicable housing and subsidy programs. One hundred percent (100%) of clients had improved access to health care. One hundred percent (100%) of clients had access to employment and living skills classes, psychosocial and substance abuse groups, and HIV and general health education.

Bethany Place's transitional housing has three programmatic goals.

- 1.) Have 95% of all residents in the program linked to individual and support services. During 2010 100% of residents were linked to support services for their individual treatment plan. Clients are enrolled in case management services within five days of residence. Through case management they are able to access medical care within 30 days, and other types of support services within the first two weeks of in the transitional housing unit.
- 2). Have 50% of all transitional housing residents successfully move into permanent housing within 12 months of admission. During the 12 months 87.5% of residents exited into permanent housing. Bethany Place works closely with Interfaith in St. Louis, Missouri, which provides financial assistance to residents who are trying to obtain permanent housing. The Bethany Place Rental Assistance Coordinator operates three programs that assist residents, to obtain permanent housing. Increasing the amount of support that each resident receives should increase the chances of an individual moving into permanent housing and remaining there. While the project sponsor reports a success rate of 87.5%, this statistic is dependent on the definition of permanent housing. From the results of the 2010 site visit, the DOH Contract Compliance Officer noted that many of the clients transitioned to friends and family, which is not necessarily a stable housing situation. In addition, the average bed nights for a client are 72 days.
- 3). Seventy-five percent (75%) of eligible residents are referred to Medicare, Medicaid, Social Security, education and/or training or referral for rehabilitation to the Illinois Department of Rehabilitation Services through Case Management. During 2010 85% of the residents who lived in the Transitional Housing Unit were referred to obtain assistance through the above outlets. Bethany Place staff works closely to ensure they have submitted applications to all eligible services.

Key indicators are those that show how the St. Louis EMSA furthers HUD's national HOPWA program objective to provide decent, safe, and affordable housing for low-income people living with HIV/AIDS (PLWH/A) as the primary goal for local efforts. The key indicators are found in the CAPER such as: those who successfully transitioned or maintained permanent housing, those who engaged/remained in care, and those who successfully accessed or maintained qualification for sources of income.

The St. Louis EMSA HOPWA program is designed to provide decent, safe, and affordable housing for low-income PLWH/A at varying stages of self sufficiency. DOH recognizes the diverse housing assistance needs and mitigating factors that impede an individual's access to housing; which in turn may create a barrier to receiving medication and care. Through diversified subcontracts, DOH has secured three project sponsors to provide short term rental assistance, long term rental assistance, and facility based housing. Each program participant is assessed upon intake to determine their level of self sufficiency and the type of assistance most likely to stabilize their living arrangements.

The effectiveness of this strategy is indicated by the following outputs:

2010 Unduplicated Number of Households Receiving HOPWA Assistance By Service Category

	STRMU	TBRA	TH	Support Services (Case Mgmt)	Housing Information
Number Served	206	182	67	67	944

STRMU = Short Term Assistance TBRA = Long Term Assistance TH = Transitional Housing

The Department of Health continues to work with each project sponsor to formulate strategies in an effort to overcome service barriers resulting from legislative stipulations, decreased housing availability, and reductions in leveraged funds at the state and local level.

As displayed in the table below, the St. Louis EMSA HOPWA program exceeded PY1 STRMU and TH goals, while adherence to HUD regulations created an unforeseen barrier to providing the projected level of TBRA assistance.

Program Year 1 Targets/Actual

	STRMU	TBRA	Facility Based TH	Housing Information	Support Services (case management)
Target	45	240	50	600	50
Actual	206	182	67	944	67

STRMU = Short Term Rent, Mortgage & Utility Assistance TBRA = Tenant Based Rental Assistance

TH = Transitional Housing

The Department of Health projected to provide Tenant Based Rental Assistance for 240 clients in FY 2010. The number was based on prior years' performance and demonstrated need without consideration for many of the changes that occurred in FY2008 following HUD's monitoring visit and Technical Assistance. As a result of changes made, in particular the affect of the proper implementation of the utility allowance, the St. Louis EMSA experienced a decreased capacity to provide Tenant Based Rental Assistance – supported by the decreased number of clients served as displayed in the chart above – despite the fact that the subcontractor maintains a waiting list for Tenant Based Rental Assistance.

As has been established for some time, the amount of funding available to support housing services in this EMSA is not sufficient to ensure housing stability among a known group of existing clients, much less to meet the estimated need in this service region. As is true around the country, the population of those affected by HIV/AIDS today is poorer, less educated, and more vulnerable to a host of co-occurring disorders and social ills, and the percentage of people living with HIV/AIDS who are in need of on-going rental assistance and support in order to achieve housing stability and improved access to care continues to grow. Moving forward, and in an

2010 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT - City of St. Louis

economic climate in which income and employment gains among the poor are expected to retreat, all efforts should be made to increase the level of funding provided for housing services to this target population. Recent research findings confirm a structural link between stable housing, health outcomes, and healthcare costs among people living with HIV/AIDS, and the dedication of public resources should be informed by those findings.

The Department of Health continues to work with collaborative partners in identifying other housing sources and leveraging funds to meet identified housing support service needs. To this end, the Department of Health is considering establishing a housing assistance quality improvement committee and several cost containing mechanisms that increase capacity to serve without decrease the quality of services rendered.



Housing Opportunities for Persons With AIDS (HOPWA) Program

Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 08/31/2011)

The HOPWA CAPER report for formula grantees provides annual information on program accomplishments in meeting the program's performance outcome measure: maintain housing stability; improve access to care; and reduce the risk of homelessness for low-income persons and their families living with HIV/AIDS. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning Regulations. The public reporting burden for the collection of information is estimated to average 45 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 68 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Overview. The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER, in conjunction with the Integrated Disbursement information System (IDIS), fulfilis statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives

HOPWA formula grantees are required to submit a CAPER, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER and IDIS data to obtain essential information on grant activities, project sponsors, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

The revisions contained within this edition are designed to accomplish the following: (1) provide for an assessment of unmet need; (2) streamline reporting sources and uses of leveraged resources; (3) differentiate client outcomes for temporary/short-term and permanent facility-based assistance; (4) clarify indicators for short-term efforts and reducing the risk of homelessness; and (5) clarify indicators for Access to Care and Support for this special needs population. In addition, grantees are requested to comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282) which requires federal grant recipients to provide general information for all entities (including subrecipients) receiving \$25,000+ in federal funds.

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- D. Assessment of Unmet Housing Needs

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Central Contractor Registration (CCR): This is a new reporting requirement effective October 1, 2009. The primary registrant database for the U.S. Federal Government; CCR collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Both current and potential federal government registrants are required to register in CCR in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA. Per ARRA (American Recovery and Reinvestment Act) and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all sub-grantees or subcontractors receiving

federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number and be registered with the CCR (Central Contractor Registration).

Continued Use Periods. Grantees that use HOPWA funds for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for ten years for HOPWA-eligible beneficiaries. For the years in which grantees do not receive and expend HOPWA funding for these activities, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 5 in CAPER.

Final Assembly of Report. After the entire report is assembled, please number each page sequentially.

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C. 20410.

Definitions: Facility-Based Housing Assistance: All HOPWA housing expenditures which provide support to facilities, including community residences, SRO dwellings, short-term or transitional facilities, project-based units, master leased units, scattered site units leased by the organization, and other housing facilities approved by HUD.

Grassroots Organization: An organization headquartered in the local community where it provides services; has a social services budget of \$300,000 or less annually; and six or fewer full-time equivalent employees. Local affiliates of national or larger organizations are not considered "grassroots."

Housing Assistance Total: The non-duplicated number of households receiving housing subsidies and residing in units of facilities that were dedicated to persons living with HIV/AIDS and their families that were supported with HOPWA or leveraged funds during this operating year.

In-kind Leveraged Resources: These involve additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the rate established in HUD notices, such as the rate of ten dollars per hour. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by grantees or sponsors in dedicating assistance to this client population. Leveraged funds or other assistance used directly in HOPWA program delivery.

Output: The number of units of housing or households that receive HOPWA housing assistance during the operating year.

Outcome: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment

and other health care and support. The goal that eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care by 2011.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including reasonable costs for security deposits not to exceed two months of rental costs).

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

Short-Term Rent, Mortgage and Utility Payments (STRMU): Subsidy or payments subject to the 21-week limited time period to prevent the homelessness of a household (e.g., HOPWA short-term rent, mortgage and utility payments).

Stewardship Units: Units developed, where HOPWA funds were used for acquisition, new construction and rehabilitation, but no longer receive operating subsidies. Report information for the units subject to the three-year use agreement if rehabilitation is non-substantial, and those subject to the ten-year use agreement if rehabilitation is substantial.

Tenant-Based Rental Assistance: (TBRA): An on-going rental housing subsidy for units leased by the client, where the amount is determined based in part on household income and rent costs. Project-based costs are considered facility-based expenditures.

Total by Type of Housing Assistance/Services: The non-duplicated households assisted in units by type of housing assistance dedicated to persons living with HIV/AIDS and their families or services provided that were supported with HOPWA and leveraged funds during the operating year

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Measuring Performance Outcomes	
Consolidated Annual Performance and Evaluation Report -	
Housing Opportunities for Persons with AIDS (HOPWA)	

Part 1: Grantee Executive Summary

As applicable, complete the charts below followed by the submission of a written narrative to questions A through C, and the completion of Chart D. Chart 1 requests general grantee information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their activities. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other foams of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

1. Grantee Information **HUD Grant Number** Operating Year for this report MO-H010-F002 From (01/01/10) To (12/31/10) Grantee Name City of St. Louis, Department of Health **Business Address** 1520 Market Street, Room 4078 St. Louis St. Louis City 63103 City, County, State, Zip МО Employer Identification Number (EIN) or 436003231 Tax Identification Number (TIN) 135747843 **DUN & Bradstreet Number (DUNs):** Central Contractor Registration (CCR): Is the grantee's CCR status currently active? (See pg 2 of instructions) \underline{X} Yes \square No *Congressional District of Business Address *Congressional District of Primary Service Area(s) *Zip Code(s) of Primary Service Area(s) City(ies) and County(ies) of Primary Service Area(s) Organization's Website Address http://stlouis.missouri.org If yes, explain in the narrative section how this list is administered. Have you prepared any evaluation report? If so, please indicate its location on an Internet site (url) or attach copy. No

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name		Parent Company Na	me, if app	licable	
Interfaith Residence d/b/a Doorways					
Name and Title of Contact at Project Sponsor Agency Lynne Cooper, President					
Email Address	lmcooper@Doorwayshousing.org				
Business Address	4385 Maryland Avenue	•			
City, County, State, Zip,	St. Louis	St. Louis City		МО	63108
Phone Number (with area code)	314-535-1919, Ext. 303	30		mber (with are	ea code)
Employer Identification Number (EIN) or Tax Identification Number (TIN)	431484279		·		
DUN & Bradstreet Number (DUNs):	809004831		Is the	sponsor's CCI 2 of instructions)	Registration (CCR): R status currently active?
Congressional District of Business Location of Sponsor	1st				
Congressional District(s) of Primary Service Area(s)	1 st and 3rd				
Zip Code(s) of Primary Service Area(s)	Missouri: 63101 – 63128 Illinois: 62001 – 62208; 6222	0 – 62226; 62231 – 62236;	and 62269		
City(ies) and County(ies) of Primary Service Area(s)	Missouri – St. Louis City Illinois – East St. Louis, Belle and Centreville	ville, Granite City, Alton	Franklin Illinois -	, Jefferson, Wash	and County, St. Charles, ington and Warren Clinton, Macoupin, Madison, lair
Total HOPWA contract amount for this Organization	\$1,065,692				
Organization's Website Address		Does your organization i	maintain a	waiting list? X	Yes No
www.doorwayshousing.org	□ No	If yes, explain in the nar	rative secti	on how this list i	s administered.
Is the sponsor a nonprofit organization? X Yes Please check if yes and a faith-based organization. Please check if yes and a grassroots organization.	Doorways maintains two waiting lists for services funded through HOPWA: one for the TBRA program and another for our Residential (facility-based) component. Clients on each list are selected for service on a first-come, first-served basis.				
	In the facility-based component, clients are contacted by mail at minimum once every six months and asked to update their eligibility information, and to confirm that they are still in need of services.				
	Routine follow-up with clients on the TBRA waiting list has not historically been performed, and clients are contacted via mail only when slots in the program beco available.				

2. Project Sponsor Information

In Chart 2, provide the following information for <u>each</u> organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name	·	Parent Company N	lame, if ap	plicable	
Peter and Paul Community Services					
Name and Title of Contact at Project Sponsor Agency	Steve Campbell, Executi	ve Director			· · · · · · · · · · · · · · · · · · ·
Email Address	scampbell@ppcsinc.org		· · ·		
Business Address	1025 Park, Suite 1023				
City, County, State, Zip,	St. Louis	St. Louis City		МО	63104
Phone Number (with area code)	314-588-7111, Ext. 202		Fax Nu 314-62	mber (with	area code)
Employer Identification Number (EIN) or Tax Identification Number (TIN)	431349643		1 31 7 02	1 70.75	
DUN & Bradstreet Number (DUNs):	1942124103		Is the	sponsor's (2 of instruction	or Registration (CCR): CCR status currently active? s)
Congressional District of Business Location of Sponsor	1st		X Yes	s 🔲 No	
Congressional District(s) of Primary Service Area(s)	1 st and 3rd				
Zip Code(s) of Primary Service Area(s)	63104				
City(ies) and County(ies) of Primary Service Area(s)	St. Louis		St. Lo	is City and (County
Total HOPWA contract amount for this Organization	\$220,000				
Organization's Website Address		Does your organizat	tion maint	ain a waiting	g list? Yes X No
www.ppcsinc.org		If yes, explain in the	narrative	section how	this list is administered.
Is the sponsor a nonprofit organization? \underline{X}	Tes No	8			
Please check if yes and a faith-based organization Please check if yes and a grassroots organization					

2. Project Sponsor Information
In Chart 2, provide the following information for <u>each</u> organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name	-	Parent Company Name, if applicable			·····
Bethany Place					
Name and Title of Contact at Project Sponsor Agency	Angela Barnes, Executive Director				
Email Address	angela@bethanyplace.org	<u> </u>			
Business Address	821 West A Street				
City, County, State, Zip,	Belleville	Saint Clair	I	IL	62220
Phone Number (with area code)	618-234-0291		Fax Numb	ber (with ar	ea code)
Employer Identification Number (EIN) or Tax Identification Number (TIN)	371283362		618-234-8	625	
DUN & Bradstreet Number (DUNs):	O11931495 Central Contractor Registration (CCR): Is the sponsor's CCR status currently active (See pg 2 of instructions)			Registration (CCR): R status currently active?	
Congressional District of Business Location of Sponsor	X Yes				
Congressional District(s) of Primary Service Area(s)	IL 012			-	
Zip Code(s) of Primary Service Area(s)	Illinois – 62201 – 62208; (62220 - 62226; 62232 - 6	62236; and 6	62269	
City(ies) and County(ies) of Primary Service Area(s)	Illinois – East St. Louis, Belleville, Granite City, Alton, Centreville, Shiloh, O'Fallon and Fairview Heights Illinois – Bond, Calhoun, Clinton, Macoupin, Madison, Monroe, Jersey and St. Clair				
Total HOPWA contract amount for this Organization	\$35,114				
Organization's Website Address		Does your organization	n maintain	a waiting lis	st? X Yes No
www.Bethanyplace.org	www.Bethanyplace.org If yes, explain in the narrative section how this list is administered				is list is administered.
Is the sponsor a nonprofit organization? XY Please check if yes and a faith-based organization. Please check if yes and a grassroots organization.	Transitional Housing w the Housing Coordinate client in need. If a clien	then all beds or will then u it is no longe t, then the Ho	are full. If a utilize the wa er eligible or	no are eligible to reside in room becomes available, aiting list to serve the next the Housing Coordinator is dinator will try to reach the	

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Subrecipient Name	Parent Company Name, if applicable
N/A	
Name and Title of Contact at Subrecipient	
Email Address	
Business Address	
City, State, Zip, County	
Phone Number (with area code)	Fax Number (include area code)
Employer Identification Number (EIN) or Tax Identification Number (TIN)	
DUN & Bradstreet Number (DUNs):	Central Contractor Registration (CCR): if applicable. Is the subrecipient's CCR status currently active? (See pg 2 of instructions)
North American Industry Classification System (NAICS) Code	15.203
Congressional District of Location	
Congressional District of Primary Service	
Area	
Zip Code(s) of Primary Service Area(s)	
City (ies) and County (ies) of Primary Service Area(s)	
Total HOPWA Contract Amount	·

A. Grantee and Community Overview

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. Note: Text fields are expandable.

The City of St. Louis is the recipient of Housing Opportunities for Persons Living with AIDS (HOPWA) funds for the St. Louis EMSA. Formula funds are awarded to the Community Development Agency within the City of St. Louis and administered by the Grants Administration section within the Department of Health. The St. Louis EMSA is a bi-jurisdictional region that straddles Missouri and Illinois. The EMSA consists of seven counties in Missouri (St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Washington, and Warren) and eight counties in Illinois (Clinton, Jersey, Madison, Monroe, Bond, Calhoun, Macoupin, and St. Clair).

During Program Year (PY)1, the St. Louis eligible metropolitan statistical area (EMSA) contracted with three project sponsors to provide a variety of housing services including facility-based housing, short-term rent, mortgage and utility assistance, tenant based housing assistance, housing information, and case management. The three project sponsors and a description of the range of their respective services are as follows:

• Doorways: Founded in 1988, is the primary provider of housing services to low-income people living with HIV disease throughout the St. Louis Metropolitan region. The organization's programs are directly available to clients in seven different counties in Missouri and another eight in Illinois, covering the entire regional EMSA. Through its Out state component, Doorways serves as fiscal agent and provides technical support to local housing providers who serve people living with HIV/AIDS in 62 additional Missouri counties and another 55 counties in central and southern Illinois.

Over its 22-year history, Doorways has developed a comprehensive array of housing solutions designed to meet the varied needs of people living with HIV/AIDS. To accomplish this, the organization has utilized a broad range of federally-funded housing programs, including the Section 811 program for persons with disabilities, the Permanent Supportive Housing Program for the disabled homeless, and programs based largely on the provision of scattered-site assistance as available through the Housing Opportunities for People with AIDS (HOPWA) program and Ryan White Treatment Modernization Act. In the process, Doorways has successfully leveraged millions of dollars in housing assistance from state and local housing organizations and private philanthropic funds.

At the present time, Doorways serves almost 600 adults and over 300 children monthly over the 15-county EMSA through three core programs that include:

- The Own Home Program helps individuals and families living with HIV/AIDS find and maintain affordable housing without threat of homelessness or interruption to essential utilities. The program provides nearly \$2 million per year in rent, mortgage, utility, and move-in subsidies on behalf of people who are homeless or would otherwise become homeless. Payments are made directly to property owners and utility companies. In addition, Doorways' Case Managers inspect units for safety and suitability, maintain lists of approved and affordable units, work with clients to develop stable housing plans, help clients with budgeting and habits of good tenancy and advocate for clients with landlords and utility companies. Program operations are supervised by Brenda Malone, Own Home Program Manager, who is the primary contact for the HOPWA-funded program.
- 2) The Residential Program currently operates seven apartment buildings in St. Louis City with a combined 103 units, managed by Doorways for people living with HIV/AIDS. The Residential Program is designed for individuals and families who are capable of independent living but whose financial and health issues limit their ability to pay fair market rent. Most residents have household incomes at or below 20% of the area median income and pay no more than 30% of their income for rent and utilities. In addition to these Doorways-owned units, the Residential Program also includes Jumpstart, an 18-unit scattered-site permanent supportive housing program for single, disabled parents with HIV/AIDS.

Doorways' family residential complex offers 29 lead-free units specifically designed to meet the needs of families affected by HIV/AIDS. Two buildings, *Mama Nyumba* (Swahili for "my mother's house) and *Kaya Malaika* (Swahili for "village of little angels") provide safe, affordable housing for low-income families who would otherwise be inadequately housed or homeless. It is the only facility of its kind in Missouri and one of the few in the nation. Doorways' latest 811 building, Partridge Place, is located in Walnut Park, an area

of the city with a rate of HIV infection that is more than twice the rate for the city as a whole. In addition to serving this currently underserved population, Partridge Place, like all of Doorways' buildings, compliments and contributes to neighborhood plans for revitalization and growth.

3) <u>Doorways Supportive Housing Facility</u> (DSHF) provides housing for people with AIDS who cannot live without assistance, and who would otherwise be homeless or unnecessarily hospitalized. Located in St. Louis' Central West End, the fully accessible three-story building offers 36 private rooms with baths, 24-hour supervision and nursing care, a dining room, commercial kitchen, numerous social and recreational areas, and administrative offices. DSHF is licensed by the State of Missouri as a residential care facility and is also licensed by the State Department of Mental Health.

Among DSHF staff are registered nurses who work with physicians to establish treatment plans, oversee complicated medical protocols, monitor dementia and other neural disorders, and perform clinical assessments, blood transfusions, IV infusion therapies, laboratory and Pentadimine treatments. Social services are available through two full time Social Workers. In addition, a full-time activities/volunteer coordinator organizes internal programs, external field trips, and pastoral care. Transportation to physicians is available, and clients have access to a nutritionally sound meals program on site.

Over the period of this report, Doorways instituted a number of programmatic improvements designed to enable the organization to serve the maximum number of clients with the housing resources made available.

In its STRMU component, Housing Case Managers worked with clients to maximize the utilization of mainstream utility assistance in order to free more STRMU resources for the provision of direct rental assistance. In addition, each client receiving utility assistance was given a packet that included information on home weatherization and referral information to a variety of community-based resources available to support housing stability beyond the term of direct engagement in Doorways' programs.

In its TBRA component, Doorways' staff worked hard to make sure that clients improved their knowledge of an array of available housing supports, and achieved a notable level of success with clients who were previously on a waiting list for TBRA services. Although not reflected in reported data, the ability of Doorways' Housing Case Managers to move people off the waiting list and into mainstream-funded housing programs is a direct result of HOPWA-funded Case Management services.

Doorways maintain two waiting lists for services: one for the HOPWA-funded TBRA program and another for its Residential Program. Clients on each list are selected for service on a first-come, first-served basis.

Follow-up is conducted every four months for clients on the TBRA waiting list. This follow-up begins with a telephone survey. Clients who are not successfully contacted by telephone are contacted by mail. If no response to the mailed survey is received, each client's respective case manager is informed of the need to contact the client. If no response is received from either client or Case Manager in 30 days, the client is removed from the TBRA waiting list.

As TBRA surveys are completed, clients may also be removed from the list for any of the following reasons:

- Client is deceased or the case is frozen by the Case Manager
- Client is over-income for TBRA guidelines.
- Client is currently housed in Section 8, public housing, a Shelter Plus Care Program, or in any of Doorways' residential programs.
- Client is currently out of compliance on provisions related to the receipt of temporary rental assistance from Doorways.
- Client reports that he/she is no longer in need of assistance

In Doorways' Residential Program, clients are contacted by mail at minimum once every six months and asked to update their eligibility information and to confirm that they are still in need of services.

• Peter and Paul Community Services: Peter and Paul Community Services is an agency committed to providing housing and supportive services to persons who are homeless, especially those living with mental illness and HIV/AIDS. This agency utilizes HOPWA facility-based operation funds to support transitional housing activities within the agency. The Positive Directions transitional housing program is a 20-bed program that provides up to two years of transitional housing and a savings program assisting HIV-infected homeless individuals in setting goals, learning living skills and establishing a regular income and savings plan, with the goal of moving into independent living. These services are particularly targeted to individuals with multiple diagnoses of mental illness and/or substance

abuse along with HIV infection. The goal of Positive Directions is to promote the improved physical and mental health of clients, help clients secure and sustain permanent, independent housing, and to avoid both a need for return to the streets or re-hospitalization.

Within seven days of admission, 100% of clients completed HOPWA Housing plans and Individual Treatment and Rehabilitation Plans. 100% of clients completed quarterly reviews and annual reviews to clearly document progress. Originals were maintained in client charts.

Within 60 days of admission, 100% of all clients accessed primary medical care. Staff ensured that visits were scheduled and kept, accompanying all clients with histories of medical non-compliance for any reason. Additionally, all follow-up appointments were tracked: any missed appointments were promptly rescheduled. The program nurse tracked these results in client charts. Consult sheets for all healthcare appointments were maintained in client charts.

Within three months of admission, of those clients who use illegal substances or abuse alcohol, 76% decreased drug use by 50% or more. Outcomes were tracked using client report, staff report and UDS drug screens (performed by collaborating agencies). Copies of drug screens, Clinician Alcohol Use Scales, Clinician Drug Use Scales and Substance Abuse Treatment Scales were maintained in client charts.

Also within 3 months of admission, 100% of residents became medication adherent. The nurse and psychiatric technicians ensured compliance by using a Medical Administration Record to document every medication dosage. The nurse and program director reviewed MAR results weekly.

Of the clients who were in the program for six months or longer, 100% experienced a 10% or greater improvement in their viral load and CD4 counts. These values were collected from physician reports and recorded in client charts. Of the clients who were in this program for two months or longer, 93% experienced a 10% of greater improvement in their viral load and CD4 counts.

By discharge, 42% of clients sought market rate employment. Of those, 92% found employment of some sort. Additionally one client (1.9%) participated in a long-term job training program, and one client (1.9%) who lived in housing for the last 15 days of the year has since found stable employment. Of the 58% of clients who did not seek employment, 77% enrolled in schooling (GED, vocational school or college) and 70% engaged in regular volunteer work at area not-forprofit agencies. Overall in 2010, regardless of employment search status, 44% of all Positive Directions clients enrolled in schooling (GED, vocational training or college), 39% of clients of all clients volunteered regularly, and 31% of all clients participated in the program-run job-training/job-readiness program.

An additional goal was to help clients secure and sustain permanent, independent housing. Of the 39 program graduates in 2010, twenty-eight (72%) went directly to permanent housing. Five clients (9.6%) left Positive Directions housing and went to emergency or short-term housing: however, of these, three continued to receive intensive Positive Directions support until they were assisted into permanent housing. Three clients (5.7%) opted to exit housing in order to enter long-term inpatient substance abuse treatment - of these three, two continued to receive intensive Positive Directions support until they were assisted into permanent housing. This brings the total persons assisted into housing by Positive Directions to 33 (although not directly upon discharge, as noted above), and the total percentage of graduates who eventually were assisted into permanent housing by the program to 87%. In addition, one client (1.9%) went to jail, one client (1.9%) to other subsidy, and one client (1.9%) to unknown.

It is notable that these outcomes were achieved with a client population experiencing extraordinarily complex social situations. As a matter of interest, in 2010, of the 54 unduplicated Positive Directions clients:

83% were active substance users

33% were non-custodial parents

80% had a history of incarceration

28% were survivors of domestic violence

76% were MSM

70% had a diagnosed mental health issue

70% had a diagnosed mental health issue

48% met federal criteria for current chronic homelessness

41% had a history of prison incarceration within the last 5 years

22% had a history of commercial sex work (prostitution)

17% were active injection drug users

7% were underserved veterans

• Bethany Place: Bethany Place is the largest AIDS Service Organization (ASO) south of Chicago in Illinois. Bethany Place provides comprehensive case management and programming focused on promoting wellness and serving all people living with HIV/AIDS. Bethany Place remains steadfast in sending a strong message of prevention to the community through its education, outreach, and syringe exchange programs. With an emphasis on wellness, our professional staff continually strives to provide for all clients and those affected by HIV/AIDS, the support that they need to maintain the highest possible quality of life.

Founded in 1988, Bethany Place was originally designed as an outpatient hospice service and healing organization of Belleville's St. Elizabeth's Hospital. Bethany Place was incorporated as an independent nonprofit organization 501(c) (3) in 1992. Since 2007, Bethany Place has received eight (8) new grants to expand much needed services to our HIV community. In a spirit of compassion and justice, Bethany Place provides comprehensive case management, transitional housing, rental assistance, HIV testing, prevention services as well as an emergency food pantry to serve all people living with HIV in our area.

Bethany Place embraces five programs which ensure the mission is achieved and the needs of the community are met:

- Medical Case Management
- Prevention/Education Outreach
- Transitional Housing
- Rental Subsidy
- Volunteer Services

Medical Case Management provided services to 186 clients in a twelve county area of South Central Illinois in 2010. The program assists with permanent housing needs, transportation, nutrition, and referrals to medical/dental services and legal services.

In Program Year (PY)1, Prevention/Education Outreach program provided 69 presentations with 1265 in attendance, provided 182 HIV tests, 9 found positives (positively yield of 3.1% which is the highest in the region) and facilitated 117 risk reduction counseling sessions.

In PY1, Transitional Housing offered 20 disadvantaged, minority men in the twelve counties we serve a place to call home. Bethany Place is one of only three transitional housing programs in the state of Illinois for those who are HIV+. Bethany Place's Transitional Housing Unit assists HIV + individuals in achieving independent living, medical treatment, mental health treatment, counseling, and assists the residents with applying for other mainstream financial resources available for the residents.

The Rental Subsidy program served 30 clients in PY1 with financial resources for clients to assist with short term rental assistance, long term rental assistance, mortgage and utility assistance.

Our Volunteer Program has more than 70 hard-working and dedicated volunteers who donate their time, energy and passion to help fight against HIV/AIDS.

All Bethany Place Programs are housed in a renovated Quonset hut where Bethany Place provides numerous services on site and under one roof, as stated above, and the Bethany Place staff offer the most up-to-date assistance and referrals for individuals seeking dental, emergency utility assistance, home healthcare, housing, medical services, legal services, mental health, nutrition, pharmacy, rehabilitative services, transportation, and treatment adherence assistance.

B. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

1. Outputs Reported. Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your program year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

The total HOPWA funds expended was \$1,197,625. One million, one hundred and seventeen thousand, thirty-four dollars (\$1,117,034) of the HOPWA funds expended were to support tenant based rental assistance, short-term rent, mortgage and utility assistance, facility based housing, supportive services (case management) and housing information services throughout the St. Louis eligible metropolitan statistical area (EMSA), and \$80,591 was expended for administration. The EMSA consists of seven counties in Missouri (St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Washington, and Warren) and eight counties in Illinois (Clinton, Jersey, Madison, Monroe, Bond, Calhoun, Macoupin, and St. Clair). The \$1,117,034 figure includes a rollover of \$133,390 from HOPWA 2009 funds. Of the \$1,117,034 expended on the above services, 182 households received tenant based rental assistance (TBRA) with HOPWA funds during this operating year compared to the goal of 240; 206 households received short-term rent, mortgage and utility assistance (STRMU) with HOPWA funds during this operating year which exceeds the goal of 50, 944 households received housing information services with HOPWA funds during this operating year which exceeds the goal of 600; and, 67 households received supportive housing (case management) services with HOPWA funds during this operating year which exceeds the goal of 600; and, 67 households received supportive housing (case management) services with HOPWA funds during this operating which exceeds the goal of 50.

2. Outcomes Assessed. Assess program goals against actual client outcomes for achieving housing stability, reducing risks of homelessness, and improving access to care. If current year results are lower than the national program targets (80 percent of HOPWA clients maintain housing stability, avoid homelessness and access care), please describe the steps being taken to achieve the national outcome goal in next operating year.

The St. Louis EMSA HOPWA program served a total of 449 unduplicated households with housing assistance during Program Year 1. Additionally, 67 households were provided with supportive housing (case management) services in conjunction with housing activities and 944 households received housing information services. The total for households receiving supportive housing (case management) services is a combination of two agencies providing the service.

Doorways long-term rental assistance clients remain stably housed. In addition, Doorways has taken 25 clients off the waiting list into the long-term program. More detailed outcomes data will be available after evaluation of our annual client surveys and collection of follow-up data.

Of the 54 clients served by Peter and Paul, Positive Directions in PY1, 89% were housed at the end of the year (61% were in permanent housing, 28% remained in transitional housing at Positive Directions). [Note: the 61% reflects both the 28 clients who moved directly from Positive Directions to permanent housing and the 5 clients Positive Directions assisted into housing after a stay in treatment or emergency housing.] 100% of clients had received individual assistance to enroll in all applicable housing and subsidy programs. 100% of clients had improved access to health care. 100% of clients had access to employment and living skills classes, psychosocial and substance abuse groups, and HIV and general health education.

Bethany Place transitional housing had three programmatic goals.

- 1.) Have 95% of all residents in the program linked to individual and support services. During this time frame 100% of residents were linked to support services in regards to their individual treatment plan. Clients are enrolled in case management services within 5 days of them residing here. Through case management they are able to access medical care within 30 days, and other types of support services within the first two weeks of them residing in the transitional housing unit.
- 2). Have 50% of all transitional housing residents successfully move into permanent housing within 12 months of their admission. During that time frame 87.5% of residents exited into permanent housing. Bethany Place works closely with Interfaith in St. Louis, Missouri which provides financial assistance to resident who are trying to obtain permanent housing. Our Rental Assistance Coordinator currently operates three programs that will assist our residents to obtain permanent housing. By increasing the amount of support that each resident receives while residing here, we believe we can increase the chances of an individual moving into permanent housing and remaining there. While the project sponsor reports a success rate of 87.5%, this is dependent on the interpretation of permanent housing. From the results of the 2010 site visit, the DOH Contract Compliance Officer noted that many of the clients transitioned to friends and family, which is not necessarily a stable housing situation. Additionally, the average bed nights for a client are 72 days.

- 3). 75% of eligible residents will be referred to Medicare, Medicaid, Social Security, education and/or training or referral for rehabilitation to the Illinois Department of Rehabilitation Services through Case Management. During that time frame 85% of the residents who lived in the Transitional Housing Unit were referred to obtain assistance through the above outlets. Bethany Place staff works closely to ensure they have submitted applications to all eligible services.
- 3. Coordination. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

Doorways

Doorways works closely with each client's designated Ryan White Case Manager to coordinate the delivery of services and support linkage to other sources of services that will promote housing stability. In addition, the organization is an active participant in the homeless Continuum of Care group for both the City of St. Louis and St. Louis County, which enables Doorways to identify a broader expanse of housing and related resources available to the clients.

In addition, Doorways works directly with the city and county Continuums of Care (CoC) groups to identify housing resources for the clients through non-HOPWA programs. CoC meetings attended monthly include providers from homeless shelters, food pantries, and employment programs. Finally, the Own Home Program Manager collaborates routinely with Urban League and United Way staff to facilitate the spread of information about services, seminars and opportunities to case managers who work directly with the clients we serve.

Doorways utilize a broad range of federally-funded housing programs to meet the diverse housing needs of people living with HIV/AIDS. These include the Section 811 program for persons with disabilities, the Permanent Supportive Housing Program for the disabled homeless, and HOPWA. The organization also distributes housing funds made available through the Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A. Support through these venues has enabled Doorways to successfully leverage millions of dollars in housing assistance from the Missouri Housing Development Commission, the City of St. Louis Affordable Housing Commission and a number of private philanthropic funds

Peter and Paul Community Services

Missouri Housing Development Commission funded rent and utility assistance. The Lutheran Foundation, the Missouri Division of Economic Development (Neighborhood Assistance Program), Covidien Healthcare, the MAC AIDS Foundation and other smaller foundations funded supportive services for residents and alumni of Positive Directions housing.

Other agencies/persons providing services to our residents included Community Alternatives, Places for People, Independence Center, Food Outreach, New Hope Clinic, Doorways, Saint Louis Effort for AIDS, BJC Behavioral Health, Washington University Infectious Disease Clinic, Project ARK, The SPOT, Growing American Youth, Health and Education for Youth, St. Patrick Center, Vocational Rehabilitation, St. Louis HELP, BASIC Drug and Alcohol Treatment Center, Southeast Missouri Community Treatment Program, Preferred Family Healthcare, Joyce Meyer Ministries, Dr. Darren Wethers, Southampton Healthcare, Dr. David Parks, Dr. Denzel Jines, Dr. Timothy Case, Probation and Parole, Rabbi Lynn Goldstein, Father Otto Schneebec, Father Richard Vogt, Sr. Marge O'Gorman, Life Skills Specialist Eileen Wolfington, and a variety of specialty healthcare providers (dialysis, physical therapy, chemotherapy, podiatry, gastroenterology, neurology and podiatry). Additionally, representatives from 10 community agencies were recruited to provide educational seminars to clients during the weekly Community Resources group.

Bethany Place

Bethany Place has long partnered with St. Clair County HIV Consortia, which includes St. Clair County Health Department, Southern Illinois Healthcare Foundation, Madison County AIDS Program, and Eastside Health District. Bethany Place has also enjoyed a steadfast partnership with St. Elizabeth's Hospital since the inception of Bethany Place. Furthermore, Bethany Place is presently partnered with SIHF in a Center for Disease Control prevention/education grant, and additionally works closely with Gateway Foundation, Eagles Nest, St. Clair County Intergovernmental Grants, Housing Counseling & Assistance Center, Homeless Shelter Grant Department, and Southern Illinois University Edwardsville. Bethany Place also refers clients to the Illinois Office of Rehabilitation Services, the Illinois Department of Human Services (Public Aid), Community Mental Health Center, and Social Security Administration. In addition we have been a long time member SWIHAG (Southwestern Illinois HIV Advisory Group). In addition, we participate in RIG which is an informational meeting facilitated by Illinois Public Health Association that informs prevention providers with up to date information and epidemiological data.

In 2007, Bethany Place received the ISHoP grant through Doorways in St. Louis and was able to expand the Rental Assistance Program. The Rental Assistance Coordinator is able to assist clients with Short Term Rent, Mortgage, and Utilities,

Long Term Rent, Deposits, One Time Hookup Fee, Housing Information, and Transportation costs. If Bethany Place's Rental Assistance has no openings then clients are referred to SCCHD as well as Doorways in St. Louis, Missouri for assistance.

In order to keep up with the demand/need of rental assistance, Bethany Place applied, in 2008, and received the JumpStart grant through the Department of Housing and Urban Development to serve four more families a year with permanent housing. Then, in 2010, Bethany Place applied for an additional grant, and was awarded funding, for a new Rental Assistance program through the Department of Housing and Urban Development. The grant begins January 2011 and Bethany Place will assist nine more clients with permanent housing. Bethany Place is excited for the chance to assist more HIV+ clients end homelessness throughout the St. Clair County region.

4. Technical Assistance. Describe any program technical assistance needs and how they would benefit program beneficiaries.

Doorways

In December, DOORWAYS received technical assistance from the Grantee on housing plans. In addition, due to staff turnover and changes to reporting requirements, training on reporting and use of Factors/SCOUT for reporting would be very helpful.

Peter and Paul Community Services

Two site visits by the St. Louis City Office of Grants Administration were very helpful in ensuring that Positive Directions met all HOPWA regulations during 2010. Additionally, all Positive Directions clinical staff attended the HOPWA-sponsored webinar on December 7, 2010 entitled "Getting to Work: Helping First-Time Job Seekers and Clients Considering a Return to the Workplace." We also partnered with masters-level student groups from Washington University, Saint Louis University and Maryville University to evaluate key aspects of our program in order to discern how to incorporate evidence-based best practices in our services to clients. Particularly, we were able to update our program-based job-training program to focus on better efficacy. As regulations continue to develop, continued in-services and GA oversight would be beneficial.

C. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program's ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered, actions taken in response to barriers, and

recommendations for pr	ogram improvement.	Provide an explanation	on for each barrier selected.
(X) HOPWA/HUD Regulations	☐ Planning	(X) Housing Availability	☐ Rent Determination and Fair Market Rents
☐ Discrimination/Confidentiality	(X) Multiple Diagnoses	☐ Eligibility	☐ Technical Assistance or Training
☐ Supportive Services	(X) Credit History	☐ Rental History	(X) Criminal Justice History
(X) Housing Affordability	(X) Other, please explain	further: Recession decreas	sing availability of rental subsidies

Doorways

The greatest barriers this year were the current economic climate (especially the struggling job market) and the limited funds for rental assistance. Doorways staff continues to work with clients and community partners to connect individuals to other sources of housing wherever possible but these resources are also limited.

Peter and Paul Community Services

The Positive Directions program has done well in providing comprehensive supportive services over the last year. However, clients have faced increased challenges that are not so easily overcome. The national recession has directly impacted our clients, whose marginalized status renders them most susceptible to any loss of supports. The recession has led to more clients seeking rental subsidies, which has limited our clients' access to those traditional avenues of gaining independent subsidized housing. There seem to be fewer available inexpensive apartments, which is likely in relation to greater numbers of people trying to save money by moving to smaller, less costly rental housing. In addition, since rental agencies now have more applicants than apartments, clients who do move out have typically encountered greater resistance to their histories of multiple diagnoses (especially substance dependence), poor credit and criminal justice history. Lastly, due to cutbacks in personnel and housing funding through major providers (such as Ryan White Part A and the State of Missouri), client access to voucher programs for which they have been approved has slowed significantly. In past years, clients received approval and were able to access vouchers in a timely manner. In 2010, the waiting period between approval and receipt of the voucher continued to be substantially longer than historical averages, which led to extended stays in transitional housing and decreased availability to others hoping to move into transitional housing.

Bethany Place

One barrier to the increase in referrals is that Bethany Place only has five rooms in the facility, which means that not all referrals will be met right away. We do maintain a waiting list of men who are in need of assistance. This is a program barrier in that these individuals are forced to remain in the critical state they are in until there is availability. Individuals can stay on the waiting list for months and when there is an opening, it is difficult to contact the client as they do not have a phone number to be reached or now they have found a place to stay for a short period such as a friends or family's house but this does not qualify as being homeless under HUD's guidelines.

Another barrier that came into affect this year is an Ordinance that Belleville has passed. They have changed the ordinance for sex offenders from 500 feet away from parks to 1,500 feet which affects our Transitional Housing program. We are no longer allowed to take in sex offenders because there is a park located 515 feet away. It has made it more difficult to serve these clients because they would live in Transitional Housing and we were able to house them until there was a spot opened on our Rental Assistance Program. The Ordinance makes it more difficult and more stressful for our homeless clients who are sex offenders as the Rental Assistance Program is full. The Rental Assistance Coordinator and the Case Manager works diligently to make sure they do have a place to rest their heads at night as this is a barrier that we are unable to overturn.

The last gap in services addressed by Bethany Place is mental health and therapy. The case management program at Bethany Place is able to offer referrals to our clients from the Ryan White provider list for HIV positive individuals in need of mental health counseling or therapy. Bethany Place currently has a provider list for the Illinois service area that includes 14 mental health professionals and partners with St. Louis Effort for AIDS which also has a provider list to serve the St. Louis area. Bethany Place also works closely with Call For Help, Inc. which offers a maximum of 12 free therapeutic sessions for clients in a crisis. As proven, Bethany Place works diligently to ensure that service gaps are minimized in order to ensure our client's needs are met.

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

Peter and Paul Community Services

Within the target population, people with HIV/AIDS continue to move to the margins of society, experiencing higher rates of homelessness, joblessness, depression, and drug addiction than their non-seropositive counterparts. However, within the population that we served in the grant cycle, we were able to document positive changes including increased health measures, improved perceived quality of life, as well as decreased drug use and depression.

Bethany Place

Bethany Place currently has a newly diagnosed client who is an integral advocate for the HIV community. The client is a member of IL ASAP, he has attended meetings in Washington D.C. on advocacy for the HIV community, he has attended lobbying days in Springfield, and he goes into the community with Bethany Place's Prevention/Education Coordinator and educates them on HIV/AIDS. His advocacy efforts are bringing more awareness of the cause to our smaller communities. The client was also recently featured in HIV Pos Magazine.

Due to our involvement in the community, there is an increase in support for individuals living with HIV/AIDS in the St. Clair County Area. This has increased the overall awareness of HIV/AIDS to the community and increased access to support services for individuals living with HIV/AIDS.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

	N/A	

D. Unmet Housing Needs: An Assessment of Unmet Housing Needs

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require housing assistance but are not currently served by HOPWA in this service area.

In Line 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Table 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool. *Note: Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.*

In Rows a through c, enter the number of HOPWA-eligible households by type of housing assistance whose housing needs are not met. For an approximate breakdown of overall unmet need by type of housing assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds.

1. Assessment of Unmet Need for HOPWA-eligible Households

Total number of households that have unmet housing needs	335
From Item 1, identify the number of households with un	nmet housing needs by type of housing assistance
a. Tenant-Based Rental Assistance (TBRA)	123
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	206
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	6

2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

X = Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives
 = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
 X = Data from client information provided in Homeless Management Information Systems (HMIS)
 X = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need
 = Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
 X = Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
 = Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

PART 2: Sources of Leveraging
Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars.

[1]	[1] Sources of Leveraging Total Amount of Leveraged Dollars (for this operating year		
[1] Domices of Peaciagnia		[2] Housing Assistance	[3] Supportive Services and other non-direct housing costs
1.	Program Income	758.15	14,437.42
2.	Federal government (please specify):		
	Housing and Urban Development	\$33,866.51	
	Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A	\$311,194.66	
	Department of Homeland Security Emergency Food and Shelter Program	\$85,380.71	
3.	State government (please specify)		
	Missouri Housing Development Commission Housing Trust Fund	\$31,460.89	
4.	Local government (please specify)		
	City of St. Louis Affordable Housing Commission Affordable Housing Trust Fund	\$131,463.40	
5.	Foundations and other private cash resources (please		
	specify)		
	Lutheran Foundation of St. Louis		\$100,000.00
	MAC AIDS Fund		\$20,000.00
	Covidien Healthcare Wachovia Foundation		\$15,000.00
	Express-Scripts Foundation		\$10,000.00
	Broadway Cares/Equity Fights AIDS		\$10,000.00 \$7,500.00
	Vatterott Foundation		\$5,000.00
	TJX Foundation		\$5,000.00
	Realtor's Housing Assistance Fund		
		\$1,500.00	
	Private Donations		\$168,750.19
6	In-kind Resources		
7.	Resident rent payments in Rental, Facilities, and Leased Units	\$18,088.33	
8.	Grantee/project sponsor (Agency) cash		\$173,518.11
9.	TOTAL (Sum of 1-7)	\$613,712.65	\$529,205.72

PART 3: Accomplishment Data - Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.

with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1. 1. HOPWA Performance Planned Goal and Actual Outputs **Output Households** Funding HOPWA Assistance Non-HOPWA **HOPWA Performance** Planned Goal and Actual Actual HOPWA Actual Goal **Housing Subsidy Assistance Output Households** Tenant-Based Rental Assistance 240 182 700,000 545,587 N/A 2a. Households in permanent housing facilities that receive operating subsidies/leased units N/A N/A N/A N/A N/A N/A 2b. Households in transitional/short-term housing facilities that receive operating subsidies/leased 50 67 105,615 116,924 N/A N/A Ba. Households in permanent housing facilities developed with capital funds and placed in service during the program year N/A N/A N/A N/A N/A N/A 3b. Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year N/A N/A N/A N/A N/A N/A Short-Term Rent, Mortgage and Utility Assistance 45 210 206 275 55,000 122,204 Adjustments for duplication (subtract) N/A N/A N/A **Total Housing Subsidy Assistance** 335 449 210 275 860,615 784,715 Housing Development (Construction and Stewardship of facility based housing) **Output Units** Facility-based units being developed with capital funding but not opened (show units of housing planned) N/A N/A N/A N/A N/A N/A Stewardship Units subject to 3 or 10 year use agreements N/A N/A N/A N/A **Total Housing Developed** N/A NA N/A N/A Supportive Services **Output Households** 10a. Supportive Services provided by project sponsors also delivering HOPWA housing 67 132,903 188,565 10b. Supportive Services provided by project sponsors serving households who have other housing arrangements N/A N/A 11. Adjustment for duplication (subtract) N/A N/A 12. Total Supportive Services 50 67 132,903 188,565 Housing Placement Assistance Activities 13. Housing Information Services 944 600 147,549 143,754 14. Permanent Housing Placement Services N/A N/A 15. Adjustment for duplication N/A N/A 16. Total Housing Placement Assistance 147,549 143,754 Grant Administration and Other Activities 17. Resource Identification to establish, coordinate and develop housing assistance resources N/A N/A 18. Technical Assistance (if approved in grant agreement) N/A N/A 19. Grantee Administration (maximum 3% of total HOPWA grant) 37,947 0.00 20. Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) 85.887 80.591

Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and 20)

.264,901 1.197,625

2. Listing of Supportive Services

Report on the use of HOPWA funds for all supportive services. In Rows 1 through 16, provide the (unduplicated) total of all households and expenditures for each type of supportive service for all project sponsors.

	Supportive Services	Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services	= %	
3.	Case management/client advocacy/ access to benefits & services	67	188,565
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
	Health/medical/intensive care services, if approved		
7.	Note: Client records must conform with 24 CFR §574.310	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify:		
15.	Adjustment for Duplication (subtract)		***
16.	TOTAL Households receiving Supportive Services (unduplicated)	67	188,565

Part 4: Summary of Performance Outcomes

HOPWA Long-term Performance Objective: Eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care each year through 2011.

Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)

In Column 1, report the total number of eligible households that received HOPWA housing assistance, by type. In Column 2, enter the number of households continuing to access each type of housing assistance, the following year. In Column 3, report the housing status of all households that exited the program. Columns 2 (Number of Households Continuing) and 3 (Exited Households) summed will equal the total households reported in Column 1. Note: Refer to the housing stability codes that

appear in Part 5: Worksheet - Determining Housing Stability Outcomes.

[A] Permanent Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	Households Co Housing (per pl	ent: Number of ntinuing with this lan or expectation ext year)	[3] Assessment: Nu Exited Household Housing State	ls and
				1 Emergency Shelter/Streets	0
				2 Temporary Housing	0
				3 Private Housing	28
Tenant-Based Rental	182	147		4 Other HOPWA	0
Assistance				5 Other Subsidy	5
				6 Institution	0
				7 Jail/Prison	1
				8 Disconnected/Unknown	0
				9 Death	1
				1 Emergency Shelter/Streets	0
				2 Temporary Housing	0
		N/A		3 Private Housing	0
Permanent Supportive	N/A			4 Other HOPWA	0
Housing Facilities/Units				5 Other Subsidy	0
				6 Institution	0
			7		0
				8 Disconnected/Unknown	0
			9		0
[B] Transitional Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	Households Re	tal Number of ceiving Housing Operating Year	[3] Assessment: Nun Exited Households Housing Statu	s and
		Total number of		1 Emergency Shelter/Streets	2
		households that will	20	2 Temporary Housing	4
Transitional/Short-Term	continue in residences	continue in residences:	9	3 Private Housing	34
Supportive Facilities/Units				4 Other HOPWA	0
	67		0	5 Other Subsidy	2
		Total number of		6 Institution	3
		households whose	[7 Jail/Prison	1
		tenure exceeded 24 months:	[8 Disconnected/unknown	1
				9 Death	0

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Assistance)

Report the total number of households that received STRMU assistance in Column 1. In Column 2, identify the result of the housing assessment made at time of assistance, or updated in the operating year. (Column 3 provides a description of housing outcomes; therefore, data is not required.) In Row 1a, enter the total number of households served in the prior operating year that received STRMU assistance this year. In Row 1b, enter the total number of households that received STRMU Assistance in the 2 prior operating years that received STRMU assistance this year. Note: The sum of Column 2 should equal the number of households reported in Column 1.

Assessment of Households receiving STRMU Assistance

[1] STRMU Housing Assistance	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes	
	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	93		
19	Other Private Housing without subsidy	73	Stable/Permanent Housing (PH)	
	Other HOPWA support (PH)	6		
	Other housing subsidy (PH)			
	Institution (e.g. residential and long-term care)			
206	Likely to maintain current housing arrangements, with additional STRMU assistance	25	Temporarily Stable, with	
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)		Reduced Risk of Homelessness	
	Temporary/non-permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)			
	Emergency Shelter/street	2	Unstable Arrangements	
	Jail/Prison			
	Disconnected	5		
Death 2 Life Event				
a. Total number of househoussistance in the current oper	ds that received STRMU assistance in the prior operating year, thating year.	at also reco	eived STRMU 40	
	useholds that received STRMU assistance in the two (2 years ago) in the current operating year.	prior oper	rating years, that also 7	

Section 3. HOPWA Outcomes on Access to Care and Support

1A. Status of Households Accessing Care and Support by Project Sponsors delivering HOPWA Housing Assistance/Housing Placement/Case Management

Use Table 1 A for project sponsors that provide HOPWA housing assistance/housing placement with or without case management services. In Table 1A, identify the number of client households receiving any type of HOPWA housing assistance that demonstrated improved access or maintained connections to care and support within the program year by; having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 1C and 1D.

Categories of Services Accessed	Households Receiving Housing Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.	449	Support for Stable Housing
2. Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan.	449	Access to Support
 Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan, 	449	Access to Health Care
4. Has accessed and can maintain medical insurance/assistance.	368	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income.	331	Sources of Income

1B. Number of Households Obtaining Employment

In Table 1B, identify the number of recipient households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA funded: job training, employment assistance, education or related case management/counseling services. Note: This includes jobs created by this project sponsor or obtained outside this agency.

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job	34	Sources of Income

Chart 1C: Sources of income include, but are not limited to the following (Reference only)

Chart 1C. Bources of medice medice, but are not minted to the following (Rejerence on				
Earned Income	Veteran's Pension			
 Unemployment Insurance 	 Pension from Former Job 			
 Supplemental Security Income (SSI) 	Child Support			
 Social Security Disability Income (SSDI) 	 Alimony or Other Spousal Support 			
 Veteran's Disability Payment 	Retirement Income from Social Security			
 General Assistance, or use local program name 	Private Disability Insurance			
Temporary Assistance for Needy Families (TANE) income, or use local program name.	Worker's Compensation			

Chart 1D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

	ma abbitation include, but are not innica to
 MEDICAID Health Insurance Program, or 	 MEDICARE Health Insurance Program, or
local program name	local program name
Veterans Affairs Medical Services	 AIDS Drug Assistance Program (ADAP)
State Children's Health Insurance Program	 Ryan White-funded Medical or Dental
(SCHIP), or local program name	Assistance

2A. Status of Households Accessing Care and Support through HOPWA-funded Services receiving Housing Assistance from Other Sources In Table 2A, identify the number of client households served by project sponsors receiving HOPWA-funded housing placement or case management services who have other and housing arrangements that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 2C and 2D.

Categories of Services Accessed	Households Receiving HOPWA Assistance within the Operating Year	Outcome Indicator
N/A		
Has a housing plan for maintaining or establishing stable on-going housing.	31	Support for Stable Housing
2. Successfully accessed or maintained qualification for sources of income.		Sources of Income
Had contact with a primary health care provider consistent with the schedule specified in clients individual service plan.		Access to Health Care
4. Has accessed and can maintain medical insurance/assistance.		Access to Health Care
5. Has contact with case manager, benefits counselor, or housing counselor consistent with the schedule specified in client's individual service plan.		Access to Support

2B. Number of Households Obtaining Employment

In Table 2B, identify the number of recipient households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA funded: job training, employment assistance, education or related case management/counseling services. Note: This includes jobs created by this project sponsor or obtained outside this agency.

N/A

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job		Sources of Income

Chart 2C: Sources of income include, but are not limited to the following (Reference only)

•	Earned	In	come	,

Unemployment Insurance

Supplemental Security Income (SSI)

Social Security Disability Income (SSDI)

Veteran's Disability Payment

General Assistance, or use local program name

Temporary Assistance for Needy Families

(TANF) income, or use local program name

Veteran's Pension

- Pension from Former Job
- Child Support
- Alimony or Other Spousal Support
- Retirement Income from Social Security
- Private Disability Insurance
- Worker's Compensation

Chart 2D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

- MEDICAID Health Insurance Program, or local program name Veterans Affairs Medical Services
 - State Children's Health Insurance Program (SCHIP), or local program name
- MEDICARE Health Insurance Program, or local program name
- AIDS Drug Assistance Program (ADAP)
- Ryan White-funded Medical or Dental Assistance

PART 5: Worksheet - Determining Housing Stability Outcomes

<u>N/A</u>

1. This chart is designed to assess program results based on the information reported in Part 4.

Permanent	Stable Housing	Temporary Housing	Unstable	Life Event
Housing	(# of households	(2)	Arrangements	(9)
Assistance	remaining in program		(1+7+8=#)	1
	plus 3+4+5+6=#)			}
Tenant-Based				
Rental Assistance				
(TBRA)				
Permanent Facility-				
based Housing				[
Assistance/Units				ļ
Transitional/Short-				
Term Facility-based				1
Housing				
Assistance/Units				
Total Permanent				
HOPWA Housing				
Assistance				
Reduced Risk of	C4al-la/Da	T	**	Y 44 Y
	Stable/Permanent	Temporarily Stable, with Reduced Risk of	Unstable	Life Events
Homelessness:	Housing	Homelessness	Arrangements	
Short-Term Assistance				
Short-Term Rent,				
Mortgage, and	1			
Utility Assistance				
(STRMU)				
Total HOPWA	İ			
Housing	1			
Assistance				

Background on HOPWA Housing Stability Codes Stable Permanent Housing/Ongoing Participation

- 3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self sufficient arrangements) with reasonable expectation that additional support is not needed.
- 4 = Other HOPWA-funded housing assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.
- 5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).
- 6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, or temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Unstable Arrangements

- 1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).
- 7 = Jail /prison
- 8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

Tenant-based Rental Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as reported under: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) continue in the residences (ii) those that left the assistance as shown as items: 3, 4, 5, and 6.

Other Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Tenure Assessment. A baseline of households in transitional/short-term facilities for assessment purposes, indicate the number of households whose tenure exceeded 24 months.

STRMU Assistance: Stable Housing is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain permanent housing living situation (as this is a time-limited form of housing support) as reported under housing status: Maintain Private Housing with subsidy; Other Private with Subsidy; Other HOPWA support; Other Housing Subsidy; and Institution. Temporarily Stable, with Reduced Risk of Homelessness is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/non-permanent housing arrangement and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year, as reported under housing status: Likely to maintain current housing arrangements, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

PART 6: Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

N/A

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation. This Annual Certification of Continued HOPWA Project Operations is to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility that had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

HUD Grant Number(s)		Operating Year for this report	
		From (mm/dd/yy) To (mm/dd/yy)	☐ Final Yr
		☐ Yr 1; ☐ Yr 2; ☐ Yr 3; ☐ Yr	4;
		☐ Yr 7; ☐ Yr 8; ☐ Yr 9; ☐ Yr	10;
Grantee Name		Date Facility Began Operations (mm/d	!d/yy)
2. Number of Units and Leveraging		1	
Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Amount of Leveraging from Other Sources Used during the Operating Year	
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3 or 10 year use periods			
3. Details of Project Site	T		
Name of HOPWA-funded project site	 		
Project Zip Code(s) and Congressional District(s)			
Is the address of the project site confidential?	Yes, protect information; do n	ot list.	
	☐ Not confidential; information	can be made available to the public.	
If the site address is not confidential, please provide the contact name, phone, email, and physical address, if different from business address.			
I certify that the facility that received assistated Opportunities for Persons with AIDS Progradate shown above. I also certify that the graths facility through leveraged resources and	am has operated as a facility to assume it is still serving the planned number all other requirements of the grant	sist HOPWA-eligible persons from the mber of HOPWA-eligible households ant agreement are being satisfied.	he s at
hereby certify that all the information stated here			ie and accurate.
Name & Title of Authorized Official	Signat	ture & Date (mm/dd/yy)	
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)		ct Phone (with area code)	